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PTO/SB/21 (08-00)

Approved for use through 10/31/2002, OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/088,419
	Filing Date	10/00/2002
	First Named Inventor	Jobling et al.
	Group Art Unit	
	Examiner Name	
Total Number of Pages in This Submission	Attorney Docket Number	1832

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input checked="" type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Copy of Notification of Missing Requirements Under 35 U.S.C. 371 in the DO/EOL/US Return Receipt Postcard
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Karen G. Kaiser National Starch and Chemical Company
Signature	<i>Karen Kaiser</i>
Date	15 July 02

CERTIFICATE OF MAILING		
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: 7/15/02		
Typed or printed name	Alana Fredericks	
Signature	Alana Fredericks	Date July 15, 2002

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FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

Complete if Known

Application Number **10/088,419**
Filing Date
First Named Inventor **Jobling et al.**
Examiner Name
Group Art Unit
Attorney Docket No. **1832**

TOTAL AMOUNT OF PAYMENT

(\$)**130.00**

METHOD OF PAYMENT

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:
- Deposit Account Number **14-0455**
- Deposit Account Name
- ☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17
- ☐ Applicant claims small entity status. See 37 CFR 1.27
2. ☐ Payment Enclosed:
- ☐ Check ☐ Credit card ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

	Large Entity	Small Entity		
Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
101 740	201 370		Utility filing fee	
106 330	206 165		Design filing fee	
107 510	207 255		Plant filing fee	
108 740	208 370		Reissue filing fee	
114 160	214 80		Provisional filing fee	

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES

	Extra Claims	Fee from below	Fee Paid
Total Claims	-20** =	X	
Independent Claims	-3** =	X	
Multiple Dependent			

	Large Entity	Small Entity		
Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Description	
103 18	203 9		Claims in excess of 20	
102 84	202 42		Independent claims in excess of 3	
104 280	204 140		Multiple dependent claim, if not paid	
109 84	209 42		** Reissue independent claims over original patent	
110 18	210 9		** Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) (\$)

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

	Large Entity	Small Entity		
Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
105 130	205 65		Surcharge - late filing fee or oath	130.00
127 50	227 25		Surcharge - late provisional filing fee or cover sheet	
139 130	139 130		Non-English specification	
147 2,520	147 2,520		For filing a request for <i>ex parte</i> reexamination	
112 920*	112 920*		Requesting publication of SIR prior to Examiner action	
113 1,840*	113 1,840*		Requesting publication of SIR after Examiner action	
115 110	215 55		Extension for reply within first month	
116 400	216 200		Extension for reply within second month	
117 920	217 460		Extension for reply within third month	
118 1,440	218 720		Extension for reply within fourth month	
128 1,960	228 980		Extension for reply within fifth month	
119 320	219 160		Notice of Appeal	
120 320	220 160		Filing a brief in support of an appeal	
121 280	221 140		Request for oral hearing	
138 1,510	138 1,510		Petition to institute a public use proceeding	
140 110	240 55		Petition to revive - unavoidable	
141 1,280	241 640		Petition to revive - unintentional	
142 1,280	242 640		Utility issue fee (or reissue)	
143 460	243 230		Design issue fee	
144 620	244 310		Plant issue fee	
122 130	122 130		Petitions to the Commissioner	
123 50	123 50		Processing fee under 37 CFR 1.17(q)	
126 180	126 180		Submission of Information Disclosure Stmt	
581 40	581 40		Recording each patent assignment per property (times number of properties)	
146 740	246 370		Filing a submission after final rejection (37 CFR § 1.129(a))	
149 740	249 370		For each additional invention to be examined (37 CFR § 1.129(b))	
179 740	279 370		Request for Continued Examination (RCE)	
169 900	169 900		Request for expedited examination of a design application	

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)**130.00**

SUBMITTED BY

Name (Print/Type) **Karen G. Kaiser**

Registration No. (Attorney/Agent)

33,506

Complete (if applicable)

Telephone

908-575-6152

Signature

Karen Kaiser

Date

July 15, 2002

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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